Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>10-01-20</u> 09	Address:	4508 E. 200 S. lot # 384	
Case #:	<u>16F19219</u>		<u>Ko</u> komo, IN 469 <u>02</u>	
County:	Howard (34)			
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only)		Seizure Location (a	☐ Hotel/Motel	
	te (only)	☐ Outbuilding · · ☐ Vehicle	Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open sir, cte)				
(check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s): bedroom				
☐ Flammable Solvents: <u>living room</u>				
☐ Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid: bedroom				
Corrosive Base:				
Other (item and location):				
Child under age 18 discovered (check one) Investigative Information				
\boxtimes Yes $\underline{2}$	(number present)	🛄 Ephedrin	c/Pseudoephedrine Tracking Log	
∐ No *If yes_fax re	port to Child Protective Services	☐ Retail/Mo ☑ Other;	erchant Tip	
	report is to be faxed to the following agencies that serve the location: Department: Taylor V.F.D. Fax: 765-453-7455			
•		Fax: <u>705-</u> 4 Fax: <u>email</u>	· ·····	
Health Department: Howard County		Fax: 765-8	<u>64-3000</u>	
Unita Prote	ction Service: Howard County			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: T.J. Zeiser Phone 765-473-6666				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing,

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.